

Proof of Claim: 121436

Claimant: Mariconchi Rivera Negron

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INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following addresseses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- A pending or closed legal action with or against the Puerto Rican government
 Current or former employment with the Government of Puerto Rico
 Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

Ley 94

\$12,000.00

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- No. Please continue to Question 4.
 Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Administración

Rehabilitacion Vocacional de P.R.

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3(b). Identify the dates of your employment related to your claim:

2010 al 2019

3(c). Last four digits of your social security number: 0133

3(d). What is the nature of your employment claims (select all applicable):

- Pension
- Unpaid Wages
- Sick Days
- Union Grievance
- Vacation
- Other (Provide as much detail as possible. Attach additional pages if necessary).

4. Legal Action. Does your claim relate to a pending or closed legal action?

No.

Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Rehabilitación Vocacional

4(b). Identify the name and address of the court or agency where the action is pending:

Tribunal de Distrito de los EU para el Distrito de P.R.

4(c). Case number: 1703283

4(d). Title, Caption, or Name of Case: Ley Promesa (Caso Título III)

4(e). Status of the case (pending, on appeal, or concluded): Pendiente Resolución

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? _____